Submission

No 39

INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW

Organisation: Mental Health Association NSW Inc. (MHA)

Name: Ms Gillian Church

Position: Chief Executive Officer

Telephone: 02 9339 6001

Date Received: 5/05/2008



nsw inc

Level 5, 80 William St East Sydney NSW 2011

> Tel 02 9339 6000 Fax 02 339 6066

mha@mentalhealth.asn.au www.mentalhealth.asn.au

ABN 11 326 005 224

Vice-Regal Patron Her Excellency Professor Marie Bashir AC CVO Governor of NSW

Mental Health Information Service and Resource Centre 1300 794 991 info@mentalhealth.asn.au

> Depression and Mood Disorders Association

Anxiety Disorders Support and Information

Support Groups

Mental Health Promotion including Mental Health Week NSW 2 May, 2008

The Committee Manager Committee on Children and young people Parliament House Macquarie Street Sydney 2000

Dear Sir/Madam,

Inquiry into Children and Young people 9-14 Years in NSW

I am pleased to attach a brief submission on behalf of the Mental Health Association NSW Inc. (MHA).

The MHA is a non-government organisation and registered charity funded by NSW Health. Our major activities include provision of the Mental Health Information Service, Anxiety Disorders Support and Information, support groups (including training and establishment of new groups), mental health promotion and advocacy.

The MHA's particular interest in this age group is evidenced by our Small Steps Program for parents and teachers of primary school children. The seminars aim to increase awareness and understanding of anxiety disorders in children.

The MHA is also committed to mental health promotion, prevention and early intervention, which are critical to, and can be most effective in this age group.

If you require further information, please do not hesitate to contact the writer.

Yours sincerely,

Pillian C

Gillian Church Chief Executive Officer



Inquiry into Children and Young people 9-14 Years in NSW

Findings published in the 2000 Australian survey of children and adolescents aged 4 to 17 (*The Mental Health of Young People in Australia,* Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra) showed that 14% have mental health problems. This high prevalence is found in all age and gender groups, however prevalence is higher amongst those living in disadvantaged families. Very few children receive professional help.

Mental health problems in the early years must be addressed, not only to relieve immediate distress, but also to prevent problems from becoming entrenched and impacting on the rest of young people's lives.

Anxiety in children of primary school age usually falls into the following categories:

Obsessive Compulsive Disorder

Children with Obsessive Compulsive Disorder often have a fear and to relieve the anxiety they feel they repeat actions and /or thoughts over and over again. E.g. They may have an excessive fear of germs so they wash their hands over and over again.

Social Anxiety

Children who have social anxiety are often extremely shy and are concerned about what others think of them. They avoid social situations or circumstances where they may be the centre of attention. E.g. they avoid situations such as parties, answering the phone, buying things at shops.

Generalised Anxiety

These children are often described as 'worry warts'. They worry excessively about many areas of life, including school, family, sport and new situations.

Separation Anxiety

These children often fear that something bad will happen to themselves or their parents if they are separated and thus often refuse to separate from Mum and Dad.

Specific Fears

Children who suffer from specific fears (as the name suggests) fear a specific object or situation. The fear is so great that they will often avoid the situation or object as much as possible. EG a child may have a fear of dogs and thus refuse to play at the park in case a dog appears.

• Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder often occurs in children after they have experienced or been witness to a traumatic or life threatening event. Three main reactions include avoidance of things that remind them of the traumatic event, nightmares/flashbacks and hyper vigilance or agitation.

Anxiety is a normal natural response that we all experience from time to time. Children are no exception; in fact it is normal for children to experience fears and anxiety at some stage in their development. Many children will outgrow their fears as they get older, but for some children their fears and anxiety continue to impact on their life. Studies show that approximately 10% of children experience serious difficulties with anxiety to the point where it begins to interfere in their school, social and family life.

Research indicates that children who experience difficulties with anxiety continue to experience problems in adolescence and early adulthood. Approximately 30-50% of adults with anxiety disorders identify that their symptoms began in childhood. *1* This figure indicates that anxiety in childhood can progress to difficulties later in life. *2* Further research has found that anxiety in childhood is highly related to the development of depression in adolescence. *3* Other studies indicate that children who struggle with anxiety perform less well in their academic and social life, than other children, despite having the ability to do well. *4*

Without treatment, children with anxiety continue to experience difficulties. Several studies have shown that if treatment is not sought, up to 50% of anxious children still experience severe difficulties 2-8years after their symptoms first appear.5 As these studies show, anxiety is not just a fleeting period of childhood for some children. *6*

On the positive side, research is now supports the effectiveness of treatment. Studies are showing that up to 86% of children who participate in therapy groups no longer experience anxiety that impacts

on their life and they are able to maintain these results up to 6 years after they finished treatment.7

References

1 Pollock, R; Rosenbaum, J., Marrs, A, Miller, B and Biederman, J (1995) Anxiety Disorders of childhood: Implication for adult psychopathology. The Psychiatric Clinics of North America, 18(4) 745-765

2 Jefferys, D (1993) The Disturbed Mind: Obsessive Compulsive Disorder. Australian Family Physician, 22(4): 481-486

3 Cole, D., Peeke, L., Martin, J., Truglio, R and Seroczynski, A. (1998) A Longitudinal look at the relation between depression and anxiety in children and adolescents. Journal of Consulting and Clinical Psychology, 66(3) 451-460

4 Strauss, C., Frame, C and Forehand, R. (1987) Psychosocial impairment associated with anxiety in children. Journal of Clinical Child Psychology, 16 (3), 235-239.

5 Dadds,M., Holland, D., Laurens, K., Mullins, M., Barret, P and Spence, S. (1999) Early intervention and prevention of anxiety disorders: Results of a two year follow up. Journal of Consulting and Clinical Psychology (67) 145-150

6 Keller, M., Lavori, P, Wunder, J., Beardslee, W., Schwarts, C., and Roth, S (1992) Chronic course of anxiety disorders in children and adolescents. Journal of American Academy of Child and Adolescent Psychiatry (31) 595-599

7 Barrett, P., Duffy, A., Dadds, M and Rapee, R (2001) Cognitive Behavioural Treatment of anxiety disorders in children – long term 6 year follow-up. Journal of Consulting and Clinical Psychology 69(1) 135-141